

**DENTAL EXAMINATION REPORT**

I have examined \_\_\_\_\_ on \_\_\_\_\_  
Applicant's Name Date

and have found:

His teeth to be in generally good condition:  Yes  No

Dental problems found / corrections needed with future dental care: (please specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Necessary dental care completed, including:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ D.D.S.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_